

NOTICE OF AID TO FAMILIES WITH DEPENDENT CHILDREN (AFDC) AND/OR FOOD STAMP ADMINISTRATIVE DISQUALIFICATION HEARING

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CASE NUMBER

_____ County has requested that an administrative disqualification hearing for an intentional program violation (IPV) be held on your ☐ AFDC and/or ☐ Food Stamp case. Accordingly, the California Department of Social Services (CDSS) has scheduled a hearing as follows:

LOCATION

DATE

TIME

Attached to this form you will find a copy of the reasons why the county believes you committed an IPV and a summary of the evidence in support of those charges. You may contact the person named on the attachment to schedule an appointment to examine the documentary evidence.

If you do not attend the hearing, the State's decision will be based solely on the evidence presented by the county, and could result in your being disqualified from receiving AFDC and/or Food Stamps as follows:

AFDC

- ☐ Six months for the first violation
☐ Twelve months for the second violation
☐ Permanently for the third violation

Food Stamps

- ☐ Six months for the first violation
☐ Twelve months for the second violation
☐ Permanently for the third violation

You should know that the results of this hearing will not prevent the County, State or Federal governments from prosecuting you in a civil or criminal court action, or from collecting any overpayments of AFDC benefits and/or overissuances of Food Stamp benefits related to the alleged IPV.

The regulatory authority which allows an Administrative Disqualification Hearing is Division 22, Sections 22-200 and 22-300 of the California Department of Social Services Manual of Policies and Procedure.

Attachments

Attached you will find:

1. The county's request for an ADH (AFDC and/or FS), which summarizes the charges and county's evidence.
2. DPA 353A, an explanation of the ADH process which describes how the hearing will be conducted and what you can expect to happen during the hearing.
3. DPA 353B, containing sections of the CDSS Manual of Policies and Procedures which explain general State Hearings processes, procedures and rights.
4. DPA 353C, CDSS Manual of Policies and Procedures, Section 22-200 et. seq. that are applicable to an IPV in the Food Stamp Program.
5. Waiver form.
6. Listing of free legal services.

PLEASE SEE THE BACK OF THIS FORM FOR A SUMMARY OF YOUR RIGHTS

Distribution: 1 - Claimant 2 - State 3 - County 4 - Authorized Representative

YOUR RIGHTS

You have the right to:

1. Examine parties and witnesses.
2. Conduct cross-examination as may be required for a full disclosure of the facts.
3. Introduce information, such as documents, letters, etc.
4. Bring witnesses.
5. Examine all documents prior to and during the hearing. If you wish to examine the evidence used by the county before the hearing, please contact the county office.
6. Question opposing witnesses and parties on any matter relevant to the issues even though the matter was not covered in the direct examination.
7. Make oral or written argument.
8. Challenge the evidence presented against you.
9. You have the right to remain silent concerning the charge(s), and anything said or signed by you concerning the charge(s) may be used against you in a court of law.
10. Call the county to get the name and phone number (if available) of someone who can give free legal advice. If free legal advice is not available, the county shall provide when called, the phone number of a lawyer referral service of the local bar association. The county person's phone number is located on the attachment relating to charges and summary of evidence, or see attached listing of individuals or organizations that provide free legal services to persons alleged to have committed IPV's.
11. Call Public Inquiry and Response at 800-952-5253 (toll free number) to receive further information about these rights from a person who speaks your language or to request an interpreter for your hearing if you have trouble understanding English. If you are hearing impaired, you may call the Public Inquiry and Response TDD Number: 800-952-8349.
12. Call a Departmental Calendar person at 800- 743-8525 (toll free number) to have the hearing conducted in your home if because of some physical disability you are unable to travel to the location referred to on the reverse side.
13. Call a Departmental Calendar person at 800-743-8525 (toll free number) to request that the hearing be postponed. This request must be made at least ten days in advance of the scheduled hearing.

In the AFDC Program, you are entitled to only one postponement, which can be for up to 30 days.

In the Food Stamp Program, you are entitled to one postponement and you may receive additional postponements for good cause. The total period for all postponements shall not exceed 30 days.

14. In both the Food Stamp and AFDC Programs, if you do not appear at the hearing, you have 10 days from the date of the scheduled hearing to present to CDSS at the state level, or CWD in the case of a local level hearing, good cause for failure to appear in order to receive a new hearing.
15. You may waive your right to appear at an ADH. You have 20 days from the date of the notice to submit the signed waiver. If you do not sign and return the waiver within that time period, the ADH will be scheduled. If you sign the waiver and change your mind within the 20-day period, notify the Administrative Adjudications Division and an ADH will be scheduled.
16. INFORMATION PRACTICES - This hearing is being conducted and relevant information is being collected under the authority of Chapter 22-200 of the Manual of Policies and Procedures (MPP). A case file will be established by the Administrative Adjudications Division. You have the right to examine the materials that constitute the record for decision. Any information provided may be shared by the Administrative Adjudications Division with the county welfare department, the state court system, the U.S. Department of Agriculture, and Health, Education and Welfare.